

**Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information**

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1  Administrative Data	Reporter name:  [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID <b>1-48457373</b>
	Address:  <b>Michigan</b>	Address:  <b>-003</b>		
	Phone #:  [REDACTED]	Phone #:		
	Incident Status:  <b>New</b>	Location and date of incident  <b>Michigan 06/01/2017</b>	Date registrant became aware of incident:  <b>6/2/2017</b>	Was incident part of larger study?
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1)  <b>239-2686</b>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)  <b>Glyphosate, Imazapyr</b>	A.I. (s)	A.I. (s)	
	Product 1 Name  <b>GroundClear Vegetation Killer for Cracks &amp; Crevices RTU 32 oz</b>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <b>NA</b>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3  Incident Circumstances	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest, woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <b>Own Residence</b>		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair, maintenance of application equipment, manufacturing/formulating)  <b>See Description Notes</b>
	Applicator certified PCO? <b>Not applicable</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>See Incident Description</b>			

*6/2/2017 9:50:56 AM Ortho Groundclear RTU  
EPA 239-2686*

*Hx: Caller used the product yesterday while wearing gloves. Last night and today, caller developed redness, welts, and blisters on his palms and between his fingers.*

*Caller has sensitive skin. Caller has an apt with his dermatologist on Monday.*

*A: - Skin exposure may result in irritation and redness, which should gradually subside following irrigation.*

- Remove contaminated clothing and rinse exposed skin with water for at least 20 minutes.*
- If skin irritation develops, apply cold compresses or vitamin E/aloe vera containing products. Do not apply any creams or lotions to open sores, blisters, or peeled skin.*
- If symptoms persist or worsen over the next 24 hours, seek medical attention.*
- Please call back with any additional questions or concerns.*

*6/6/2017 10:52:38 AM Called back, left message on voice mail asking for return call and follow-up information.*

*6/6/2017 11:26:21 AM CB from Carlos*

*Hx: I am better. I saw my dermatologist yesterday. I will have red spots still, but not as inflamed. He gave me some medicine(betaomethosone) to use for two weeks then come back for a recheck.*

*A:*

*-Thank you for the update.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects.  <i>Bullae/Blisters, 12 hrs or less;</i> <i>Erythema, 12 hrs or less;</i> <i>Hives/Welts, 12 hrs or less;</i>	If lab tests were performed, list test names and results (if available, submit reports).  <i>Not Reported</i>	
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-48457373*